Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		t Identification Information										
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016 ————————————————————————————————————	and ending 1	2/31/2016							
			r) (Filers checking this box must attach a									
A This return/r	urn/report is for:			ployer information in a	n accordance with the form instructions.)							
		a one-participant plan	a foreign plan									
5		The Cost action from all										
B This retu	urn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)							
C Check I	oox if filing under:	X Form 5558	automatic extension		DFVC program							
	•	special extension (enter desc	—		Di vo program							
Dort II	Pasia Dlan Infe	<u> </u>	<u>' </u>									
Part II		ormation—enter all requested in	Tormation		4b Thurs dist							
1a Name	•	, INC. PROFIT SHARING PLAN			1b Three-digit plan number							
DEITT EIT OF		, 110.1110111 0111111110 1 2/111			(PN) ▶	001						
					1c Effective date	e of plan						
						/01/1991						
	· · ·	oyer, if for a single-employer plan)			2b Employer Ide	ntification Number						
		om, apt., suite no. and street, or P.C		unations)	(EIN) 84	-0188210						
	NITARY COMPANY,	ce, country, and ZIP or foreign post INC.	iai code (ii ioreign, see insti	uctions)	2c Sponsor's tel							
	,				303-2	295-0331						
0404 10/01 011	IT OTDEET				2d Business cod	e (see instructions)						
3161 WALNU DENVER, CO					56	2000						
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor		3b Administrator	's FIN						
Ju Harra	arminotrator o riamo e	and address of came as right open			, tarrimionator o Env							
					3c Administrator	's telephone number						
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN							
name	, EIN, and the plan nι	umber from the last return/report.										
a Spons	or's name				4c PN							
5a Total r	number of participant	s at the beginning of the plan year.										
b Total r	number of participant	s at the end of the plan year			5b							
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	0						
compl	ete this item)											
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	0						
d(2) Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)							
e Numb	per of participants that	t terminated employment during the	e plan year with accrued be	nefits that were less	5e	0						
						-						
		or incomplete filing of this return ther penalties set forth in the instru-				nlicable a Schedule						
		and signed by an enrolled actuary,										
belief, it is t	true, correct, and con		10/12/2017	1								
SIGN	Filed with authorized	JANE L. SMITH										
HERE	Signature of plan	administrator	Date	Enter name of individ	vidual signing as plan administrator							
SIGN												
HERE	Cimpotume of compl		Date	Foton money of in divis								
Preparer's	Signature of empl name (including firm	Enter name of individer)	Preparer's telepho									
	(oraanig min	··· ,	, ispaid a tolophic									
1												

Form 5500-SF 2016 Page **2**

 Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan can 	of an indepen y and conditi	dent qualified public a	ccount	ant (IC	PA)				es No		
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined		
Part III Financial Information											
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year			
a Total plan assets	. 7a		157479						0		
b Total plan liabilities	. 7b		0						0		
C Net plan assets (subtract line 7b from line 7a)	. 7с		157479						0		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) ⁻	Γotal			
Contributions received or receivable from: (1) Employers	. 8a(1)		0								
(2) Participants			0								
(3) Others (including rollovers)			0								
b Other income (loss)			5384								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								53	84		
d Benefits paid (including direct rollovers and insurance premiums	- 50										
to provide benefits)	. 8d		162863								
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0								
f Administrative service providers (salaries, fees, commissions)	. 8f		C)							
g Other expenses	. 8g		0								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							1628	63		
i Net income (loss) (subtract line 8h from line 8c)	. 8i				-157479						
j Transfers to (from) the plan (see instructions)	· 8j										
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2R 3D	on feature cod	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:			
b If the plan provides welfare benefits, enter the applicable welfare	e feature code	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:			
Part V Compliance Questions											
10 During the plan year:				Yes	No	N/A		Amour	nt		
Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X						
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	est? (Do not i	nclude transactions	10b		X						
C Was the plan covered by a fidelity bond?	10c	X					50000				
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	10d		X								
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	10e	Х					1441				
f Has the plan failed to provide any benefit when due under the p	10f		X								
g Did the plan have any participant loans? (If "Yes," enter amount											
h If this is an individual account plan, was there a blackout period 2520.101-3.)	•		10h		X						
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.			10i								

Form	5500	-SF	201	6

Page 3-	1	

Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No		
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No		
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1				
b	Enter	the minimum required contribution for this plan year			12b					
С	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d					
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets		1						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No		
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0		
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
-										
Part	VIII	Trust Information								
14a	Name	of trust			14b Trust's EIN					
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions		<u> </u>						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based arbor] "Prior y test	ear" ADP			
			- □ '	"Curre	rrent year" N/A					
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							verage enefit test	□ N/A		
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No			

1 0 8 PV. OCT/06/2U17/FK! U4:45 PM CT/8 NOT. 1210-0110 Short Form Annual Return/Report of Small Employee 1217-0087 Form 5500-SF Benefit Plan 2016 Department of the Treatury Intumol Revenue Service This form is required to be filed under sections 104 and 4086 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6658(e) of This Form is Open to Public Coperniers of Labor Employee sensitis Security Admirals reside the Internal Revenue Code (the Code). inspection Complete ell entrice in accordance with the Instructions to the Form 5000-5F. Pension senset Quaranty Corporation Annual Report Identification information and shoting 12/31/2016 01/01/2016 For calandar plan year 2016 or fleoal plan year beginning a multiple-employer plan (not multiernplayer) (Filers chacking this box must attach a list of participating amployer information in accordance with the form instructions) 🔀 a single-employer plan A This return/report is for: a foreign plen a one-participant plan the final return/report the first return/report 🔒 This return/report le: a short plan yeer return/report (less than 12 months) an emended return/report ☐ DFVC program automatic extension Form 5558 C Chack box if filing under: (noliquese tatna) Acianatza isloada Basic Plan information --- enter all requested information 1b Three-digit 3.212 is Name of plan DENYER SANITARY COMPANY, INC. PROFIT SHARING PLAN 001 (PN) 🕨 ic Effective data of plan 01/01/1991 Employer Identification Number Plan aponsor's name (employer, if for a single-employer plan)
Mailing Address (include room, act, suite no, and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 84-0188210 26 Spansor's tolephone number (303) 295-0332 DERVER SANITARY COMPANY, IEC. 2d Business code (see instructions) 562000 3161 WALNUT STREET 3b Administrator's EIN UB DEST/20 CO 80205 38 Plan administrator's name and address X Same as Plan Sponsor 3c Administrator's talephone number If the name and/or EIN of the plan aponeor has changed since the last return/report filed for this plan, enter the 4b EIN name. EIN, and the plan number from the last return/report. ÁC PN бa 5a Total number of participents at the beginning of the plan year -0 бb b Total number of participants at the end of the plan year C Number of perticipents with account balances as of the end of the pien year (only defined contribution plans 5c complete this item) ٥ 50(1) d(1) Total number of active periolpants at the beginning of the plan year Õ 5d(2) d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were C Caution: A penalty for the late or incomplete filing of this return/report will be essented unless resconsible cause is established. less than 100% vested Under pondities of perjury and other panalities set forth in the instructions, I declare that I have examined this return/report, including, If applicable, a Schedule SB or Software MB completed and aigned by an enrolled ectuary, as well as the electronic version of this return/report, and to the test of my knowledge and bellat, it is true, correct, and complete. Jane Saith . 1260T17 10112 Enter name of individual aligning as plan administrator Osia Signature of plan administrator 1200T 17 Jane Suith Enter name of Individual signing as employer or plan aponsor Date Signifiure of employenplan aponeor

Skip this question

Preparer's name (Including firm name, if applicable) and address (include room or suits number)

reparer's telephone number Skip this question

FROM : 001/09/2017/FR: 04:46 PM

PHONE NO. :

SAA RV.

	Form 6500:SF 2018		Page 2						TYES No
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				4 .	E	arma Ki	00.		had determined
	if you answered "No" to either line do or line 6b, the plan conne if the plan is a defined benefit plan, is it covered under the PBGC in	entanan ni	naram (see ERISA sedior	402	1)?	[]Y68	No L.	Mot determined
¢	if the plan is a defined benefit plan, is it covered under the Page in	agranou p							
	Financial information		(a) Beginning of			Γ'	(b) End of Y	en/
7	Fish Assets and Liebliffies			7,47					0
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<u>_</u>	Total night (48) (48) where the same of th	75	1.8	7,47	•				0
<u> </u>	Alet plant agents (subtract line 75 from line 78)	70	(a) Amount		_			(b) Tota	· _ · _
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a	Application of a received of received in Rolls.	Bm(1)			<u> </u>		1	ا الم	
_	(1) Employers were museum and the second sec	. 8a(2)			3	200			
	(2) Participants	8a(3)			Ĵ		_	<u></u>	
	(3) Others (Including rollovers)			5,38	4	1		A Yarren	
ъ	Other Income (IDER)	80	a compression of Williams						4,334
C	Total income (and lines \$a(1), \$a(2), 8a(3), and \$b)	- VF		~ n	.,		4.		Farming)
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	Administrative sarvice providers to a service sarvice	€¢			0		, C = 5	<u> </u>	162,863
.0	Other expenses	8h		22/			<u> </u>		157,479)
h	Total expenses (add lines 8d, 8e, at, and 8g) Notingome (loss) (existract line 8h from line 8c)	. 81		Serv			2.5		
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vi.	Plan Characteristics	feature cod	les from the Ust of Plan Ci	nerac	baiot	c Cod	s in th	e instruction	161
91	Plan Characteristics If the plan provides panelian benefits, enter the applicable penalon			_					
	2B 27 2G 2R 3D	eture podé	a from the List of RanCh	anck	utsüc	Code	; in the	instructions	ĸ
t	28 22 2G 2R 3D If the plan provides welfare banefite, anter the applicable welfare for					<u> </u>	.		
	Compliance Questions				Yes	No	30	Ar	nount
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10		Minous wan	in the fixto bollon				3 mar 2 m		
	a Wise there's fallure to transmit to the plan any paradigms curing described in 29 GFR 2510.3-1027 (See instructions and DOL's \	AOKIDURIA L	iggosty Correction	10a		x			
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	reported on line (ve.)			10c	X				30,000
_	reported on line 104.) Was the plan covered by a tidelity cond?					_			
_	d Old the plan have a loss, whether or not reimbursed by the plan by freud or dishonesty?		NAME OF THE OWNER OF THE PERSON OF THE OWNER OF THE	100		X			
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	Were any sees or commissions poid to any brokers, agents, or carrier, insurance service, or other organization that provides at carrier, insurance services, or other organization that provides at carriers.	HAM DE BRIO	TOTAL CONTRACTOR STATEMENT OF THE STATEM	10e	X		űğ		1,02,
	carrier, insurance service, or other organization (nat provides as the plan? (See Instructions.)	122		10f		X			
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_	d Did the plan tailed to provide any barrier? (H Yee, enter smouth	84 Of year	ciologs and 29 CFR			\top	3 3		
	d Did the plan have any participant opened in the base a blackout period h if this is an individual account plan, was there a blackout period	y (See inst	China and the second	10 h	_	R	34		
	2520.101-3.) нашинини поменти	I ALLA CARILIFA	ad hottes or one of the		[-y ?	7073	
-	2520.101.3.) answered "Yes." check the box if you either provided exceptions to providing the notice applied under 29 CFR 2820.1	101-3		101	[<u> </u>			

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15b	How di	e plett a works put the nordizorimination requirements for employee deforms (k)(3) for the plan year? Check all that apply:					. ((1) ((4)		- 44	1 —	"Cuner	•	•		N/A						
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